Inder the Panerwork Reduction Act of	1995, no person are required to	U.S. Pater	nt and Trade	proved for use through mark Office; U.S. DE ation unless it display	h 7/31/2006. (PARTMENT C	OF COMMERC	
At /	respond to a collection of information unless it displays a valid OMB control number Complete if Known						
Fig. 1 A N C	Application Number , 10/658,548-			onf. #3244			
* FEE TRANSMITTAL		Filing Date		September 10, 2003			
For FY 2006		First Named In	ventor	Nobuyuki Saruya			
	Examiner Name		J. P. Leubecker				
Applicant claims small entity state	Art Unit	Art Unit		3739			
TOTAL AMOUNT OF PAYMENT	Attorney Docket No.		S0530.0005				
	(\$) 600.00						
METHOD OF PAYMENT (check	all that apply)						
Check x Credit Card	Money Order No	one Other	(please ide	ntify):			
X Deposit Account Deposit Account	Number: 50-2215 Deposit A	count Name:	Dickstein	Shapiro Morin	& Oshinsk	y LP	
For the above-identified depo	sit account, the Director	is hereby authoriz	ed to: (che	eck all that apply)	•		
Charge fee(s) indicated		<u> </u>	•	ndicated below, e		ne filing fee	
	ee(s) or underpayment of	, H `					
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION (All the fe	es below are due upo	on filing or may	/ be subj	ect to a surch	arge.)		
1. BASIC FILING, SEARCH, AND EX							
FII	ING FEES SE	ARCH FEES Small Entity		NATION FEES Small Entity	•		
Application Type Fee (\$			Fee (\$)		Fees P	Paid (\$)	
Utility 300	150 500	250	200	100			
Design 200	100 100	50	130	65			
Plant 200	100 300	150	160	80			
Reissue 300	150 500	250	600	300			
Provisional 200	100 0	0	0	0			
2. EXCESS CLAIM FEES						Small Entity	
Fee Description					<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (inclu	iding Reissues)				200	100	
Multiple dependent claims	- (A) -	D-14 (A)		B	360	180	
Total Claims 16 - 37 = 0	Fee (\$) Fee 50 =	e Paid (\$) 0		Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
HP = highest numer of total claims paid for, i				ee (\$)	ree Paiu (\$	1	
Indep. Claims Extra Claims	-	Paid (\$)		-		_	
<u> </u>		00.00					
HP = highest numer of independent claims p	aid for, if greater than 3.					_	
3. APPLICATION SIZE FEE If the specification and drawings ex listings under 37 CFR 1.52(e)), t sheets or fraction thereof. See 3	he application size fee d	ue is \$250 (\$125	for small of)	
<u>Total Sheets</u> <u>Extra Sheets</u>		additional 50 or fra	ction there	of <u>Fee (\$)</u>	Fee F	Paid (\$)	
- 100 =		(round up to a wh	ole number)) ×	=		
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130	tee (no small entity disc	count)					
Other (e.g., late filing surcharge):							
SUBMITTED BY		1					
Signature Week W	. Kagun	Registration No. (Attorney/Agent)	38,586	Telephone	Telephone (212) 277-6584		
Name (Print/Type) Joseph W. Ragus			Date	June 15,	2006		
							